

# Foster Family Home - Corrective Action Report

Provider ID: 1-595457

Home Name: Maricris Rodriguez, CNA

Review ID: 1-595457-3

91-1003 Opaehuna Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 2/2/2016

End Date: 2/24/16

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 2/2/16. Corrective Action Report issued during home visit with all items due to CTA by 3/2/16.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) - All SCG's need training on confidentiality policies.

## Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - Client [REDACTED] needs an updated MAR from CMA [REDACTED]

Compliance Manager

Primary Care Giver

Date

Date

R4 C Family Foster Home  
MARICIAS RODRIGUEZ

13.1(b)5 → I sent CTA the confidential client care form signed by all SCG's <sup>on</sup> ~~at~~ 2/10/16

I am now aware of the HAR 13.1(b)(5) and will keep the confidential form in my CTA binder.

52.(c)(5) I sent CTA an updated MAR for client [REDACTED] on 2/10/16.

I will always make sure the CMA sends me a new MAR every month.

[REDACTED]  
2/24/16